

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO

09 903396

FILING DATE

07-10-01

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			★		★		★	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2		/					52						
3	/						53						
4	/						54						
5	/						55						
6		/					56						
7		/					57						
8	/						58						
9		/					59						
10		/					60						
11	/						61						
12	/						62						
13	/						63						
14	/						64						
15		②					65						
16		4					66						
17	/						67						
18		/					68						
19		/					69						
20		/					70						
21		/					71						
22		/					72						
23		/					73						
24	/						74						
25		/					75						
26		2					76						
27	/						77						
28	/						78						
29	/						79						
30	/						80						
31		/					81						
32		4					82						
33	/						83						
34	/						84						
35		2					85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	17	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	26						TOTAL DEP.						
TOTAL CLAIMS	43						TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS